M	ISSOU	RI DI	VISION OF H	IEALTH — STAND	ARD CERTI	FICATE O	F DEATH		-62-	-035	29 2
DO NOT WRITE ON THIS STUB	AMEN	IDED	Registration District	0.0770 0.0715 1052 Pri	mary Registration Distri	ici No. 303	Registrar's No.	183	STAT	TE FILE NUM	BER
ON THIS STUB			1. PLACE OF DEATH	1			2. USUAL RESIDEN	ICE (Where dec	eased lived. If in	nstitution: R	esidence before
VS 300	ا اوا		a. COUNTY L	aclede	_	1	a. STATE M1	securi co	DUNTY Lacl	Lede	admission)
Rev. 4/59	同日	11	b. CITY (If outside	de corporate limits, give TOWN	(SHIP only) Leng	ith of stay in 1b	c. CITY			1	Inside Limits
	AMENDED		TOWN Le	banon		3 days	TOWN P	illips	bu <i>re</i>		Yes 🗅 No 🏋
b535		1		F (If NOT in hospital, give local	ation)	Inside Limits	d. STREET ADDRESS		outside, give loca	tion)	Reside on Farm
205301	DATE		INSTITUTION	Wallace Memer	rial Hosp,	Yes 🖈 No 🗆	ADDRESS				Yes M No 🗆
3			3. NAME OF DECE	ASED First	Middle	,	Last	4. DATE OF	Month	Day	Year
			(vype or print)	Jease	Beni	ton C	uster	DEATH	October	10.1	1962
4 0			5. SEX	6. COLOR OR RACE	7. Married 🙀 N	lever Married 🔲	8. DATE OF BIRTH	9. AGE (last	birthday) IF UND	ER I YEAR	IF UNDER 24 HR
5 /	1		Male	White_	Widowed [Divorced [2-8-1894	68	Months	Days	Hours Min.
			10a. USUAL OCCUPA	TION (Give kind of work done	10b. KIND OF BUSIN	IESS OR INDUSTRY			country) 12. Ci	TIZEN OF W	HAT COUNTRY
6 8		11		vorking life, even if retired)	Kermir	7 <i>4</i>	Dunler	. Iowa	TIS	1A	
7 /			Retired 13a. FATHER'S NAME		13b. MOTHE	MAIDEN NAME		14: N	AME OF HUSBAND	OR WIFE	
			Charle	s Custer	Min	cin Bell	.● a	(Catherin	10	
8 2 0			15. WAS DECEASED	EVER IN U.S. ARMED FORCES?) (If yes, give war or dates of	? 16. SOCIAL	SECURITY NO.	17. INFORMANT	•	Address	IIPS BU	RG. No
952714			WW	1			Mrs. Ca	therin	e_Custer	- same)
10		Σ	18. CAUSE OF DI	EATH (Enter only one cause per RT I. DEATH WAS CAUSED BY	r tine fo		P				RVAL BETWEEN SET AND DEATH
i	를 등	¥		IMMEDIATE CAUSE (a	. Culmo	Many	tupy	sema	7	\$	5 Y/S
11		1 12									
	/ 1 L 1	1 12	l. 1.		0 -	^ ^ '					
		DOCUMEN	Cor	nditions, if any,) DUE TO (6 COR	Pulin				0	neyn
12/-0	STEA	000	wh' abo	ich gave rise to ove cause (a), }	(b) COR	Pulin				61	neyn
12/-0	STEA	 	wh abo stat	ich gave rise to		Pulin				0	nèyn
12/-0	INSTEA		wh abo stat lyir	ich gave rise to over cause (a), ting the under- ing cause last. DUE TO	(c)		onale '	the terminal			ke yn
12/-0 13/-0	INSTEA		wh abo stat lyir	ich gave rise to ove cause (a), ting the under- ig cause last. DUE TO	(c)		onale '	the terminal	there	a pregnanc	y in last 90 days.
12/-0 13/-0	INSTEA)OQ	wh abo stat lyir	ich gave rise for hydrocause (a), fring the undering cause last. DUE TO disease condition given	(c)CONDITIONS CONTRIB in PART I (a)	UTING TO DEATH	onale		there	es No	y in last 90 days. D Unknown
12/-0 13/-0	INSTEA)OQ	Wh above state lying PAI 19. WAS AUTOP: PERFORMED? YES NO	ich gave rise for home cause (a), fing the undering cause last. DUE TO disease condition given	(c)CONDITIONS CONTRIB in PART I (a)	UTING TO DEATH	onale '		there	es No	y in last 90 days. D Unknown
12/-0 H	INSTEA)OQ	VOID TO THE OF	ich gave rise for home cause (a), fing the undering cause last. DUE TO disease condition given SY 20a. ACCIDENT SUICILE Hour Month, Day, Year	(c)	UTING TO DEATH	onale		there	es No	y in last 90 days. D Unknown
12/-0 13/-0 SINIMAN	INSTEA)OQ	VOID TO THE OF	ich gave rise to vive cause (a), ting the under- ing cause last. DUE TO RT II. OTHER SIGNIFICANT of disease condition given SY 20a. ACCIDENT SUICING Hour Month, Day, Year a.m. p.m.	(c) CONDITIONS CONTRIB	OL. DESCRIBE HOW	onale		there	es No	y in last 90 days. D Unknown
12/-0 13/-0 SINIMAN	INSTEA	DOG	Who about the property of the	ich gave rise fo with the cause (a), wing the undering cause last. DUE TO DUE TO disease condition given SY 20a. ACCIDENT SUICILE CONTROLL CONTRO	CONDITIONS CONTRIB	Ob. DESCRIBE HOV	onale	. (Enter natura o	there	s a pregnances No	y in last 90 days. D Unknown
RIBBON RIBBON RIPA RIPA RIPA RIPA RIPA RIPA RIPA RIPA	INSTEA	DOG	Who about the property of the	ich gave rise to with the cause (a), wing the undering cause last. DUE TO DUE TO disease condition given SY 20a. ACCIDENT SUICIDENT SU	(c) CONDITIONS CONTRIB	Ob. DESCRIBE HOV	onale I but not related to V INJURY OCCURRED	. (Enter natura o	f injury in PART I	s a pregnances No	y in last 90 days. Unknown if item 18.)
RIBBON AMENDARING SHIP NO SHIP	INSTEA	000	White AT W NOT WHILE	ich gave rise to love cause (a), ining the under- ing cause last. DUE TO RT II. OTHER SIGNIFICANT of disease condition given SY 20a. ACCIDENT SUICIT Hour Month, Day, Year a.m. p.m. CURRED , 20e. PLACE farm, AT WORK	CONDITIONS CONTRIB	Ob. DESCRIBE HOV	t but not related to	. (Enter nature o	f injury in PART I	s a pregnances No	y in last 90 days. Unknown if item 18.)
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BLACK INK OR OR AMENDMENTS ON THIS BE	SHOULD READ INSTEA	VIT OF	PAI 19. WAS AUTOP: PERFORMED? PE	ich gave rise to your cause (a), ting the underlying the underlying cause last. DUE TO THE SIGNIFICANT Consideration of the cause last. DUE TO THE SIGNIFICANT Consideration of the cause condition given the cause condition given the cause condition given the cause condition of the cause caus	CONDITIONS CONTRIBUTIONS CONTR	or about home, 20	t but not related to V INJURY OCCURRED Of. CITY, TOWN, OR a date stated above, a 22b. ADDRESS	LOCATION Location Location Location Location Location	f Injury in PART I	a a pregnances No No No PART II o	sy in last 90 days. Unknown of item 18.) STATE STATE SES STATE
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STATEMENT BY LICENSED EMBALMER

or by					, Student Embalmer No	
working under i	my personal supervision.			۸.	nes Kouglas H	, ,
Student	·		Signed	Jan	nes vocalas ()	resurve
	Signature of Student Embalmer			T T	. 0 -	
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	· ;	•	•:		B. O. Address & C. Dane	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.

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